



# Mental Health and Disability Services Redesign 2011

## Children's Disabilities Workgroup Minutes

Meeting #5

October 11, 2011, 10:00 am to 3:15 pm

United Way of Central Iowa

1111 Ninth Street, Des Moines, IA 50314

### MINUTES

#### Attendance

**Workgroup Members:** Jennifer Vermeer/Chair, Mart Peltan/Co-Chair, Marilyn Althoff, Gail Barber, Nicole Beaman, Paula Connelly, Jim Ernst, Jerry Foxhoven, Jason Haglund, Jan Heikes, Janice Lane, Marilyn Lantz, Samantha Murphy, Jason Smith, David Stout, Debra Waldron

**Legislative Representation:** None

**Facilitator:** Kappy Madenwald, Technical Assistance Collaborative (TAC)

**DHS Staff:** Joanna Schroeder, Jennifer Harbison, Don Gookin, Laura Larkin, Carmen Davenport

#### Other Attendees:

Sara Lupkes	PCHS
Casey Westhoff	The ARCH
David Adelman	IAAAP
David Basler	Child Serve
Deborah Thompson	LSA
Liz O'Hara	UI – CDD
Vickie Miene	CHRC, CCC
Joan Discher	Magellan

#### Agenda

- Re-cap of Meeting #4: Review of minutes
- Model for System Redesign
  - a. Children's Health Homes model of service delivery
  - b. Synthesis of workgroup recommendations
- System of Care Walk through exercise
- Agenda development for October 25, 2011 session
- Public Comments

## **WORKGROUP OVERVIEW**

Jennifer Vermeer welcomed the workgroup, and cited that there will be two opportunities for Public Comments today: one just before lunch and one at the conclusion of the meeting.

The meeting minutes from 09/27/11 were reviewed and approved by the workgroup.

Kappy opened the discussion focusing on the handouts that summarize what the workgroup has done thus far, and what the workgroup will do today in terms of making modifications to the handouts and reaching consensus on the recommendations. The summary includes the initial recommendations on systems reform, as well as a plan to bring children and youth back to Iowa from out of state placements.

Kappy also asked the workgroup to begin thinking ahead and begin identifying key populations to focus on as Iowa moves forward in the redesign. The majority of the out of state youth have mental health issues, and the workgroup will use this group of youth to springboard to looking at other services. There is no simple solution to the youth in out of state placements.

Mark Peltan asked about looking at the long-term and larger plan for redesign and how workgroups will share information. Kappy reported that conversations are occurring on how to share/report information back to all workgroups. Kappy further reported that there will be a telephone conference for each workgroup looking at the specific recommendations. TAC will have a more finalized interim report to DHS on October 24, 2011. DHS staff will have the opportunity to offer feedback/comments to TAC. The actual report is due to legislators on October 31, 2011. The Legislative Interim Committee (LIC) has three meetings scheduled to review the workgroups reports and recommendations. The Children's Disability Services workgroup has concrete recommendations for the LIC. The LIC wants to take action of some of the recommendations in the short term, and they want us to begin working on goals soon.

There will be a conference call with this workgroup on October 20, 2011 from 3:00 pm – 5:00 pm to finalize the recommendations. Joanna Schroeder will send the workgroup the call in information.

### **Model for System Redesign**

Kappy led the discussion on the DRAFT: Children's Disability Workgroup Preliminary Summary of Activities, Findings, and Recommendations. The workgroup reviewed the document, and discussed the document before launching into making specific suggestions and modifications to the DRAFT documents.

Discussion focused on the following:

- This feels like it is care, services, and supports all wrapped into a health model versus just providing services as in the ID world. The group needs to assure that we do have a system that is not treatment focused, but care focused in

accessing systems of youth and family supports. The systems need to wraparound the youth and family.

- Private insurance generally does not pay for in home services. Workgroup member wondered if the agency's liability insurance would be at risk if services were provided in the home.
- Workgroup member is concerned that the DRAFT document does not mention any support for the current Systems of Care (SOC) in Iowa. There is no reference to continue funding for SOC's. There is a need to play up what is currently being done in Iowa. Jennifer Vermeer commented that IME is thinking of using the Health Home model using a combination of Medicaid and state dollars.
- Workgroup member cited this falls short in the payment reform piece. Payment reform could be comprised of managed care funding, fee for service, etc. It is not as innovative as it could be. This is a plan on steroids and we have a long way to go. Kappy commented that we need the short-term and long-term plan in the same document for the legislators. We need to have concrete recommendations now, and longer term recommendations for the future.
- Per a workgroup member, we need to find our sweet spot going into this process and add the details as time moves along. Kappy asked the workgroup to identify the elements that could be the lightning rod for future change. Kappy cited there is a disconnect statewide and regionally across populations and ages. Kappy challenged the workgroup to think across systems, across ages, and across populations.
- Child welfare is a rich mix of urban and rural areas. It is important to understand both sides of the practice and maximize services. DHS often does not have the opportunity to duplicate services in rural areas. Rural areas struggle to have services and maintain service providers. Service providers need to have flexibility to do what needs to be done for and with the youth and family.
- It was noted that there are many districts in the state of Iowa that represent DHS districts, AEA districts, and Judicial districts. The whole district concept can be very convoluted and confusing. There is a need to realign the districts. The workgroup member wondered if it made sense to have a health home in every region. It was also noted that transition age youth have no alignment to adult services.
- There is a need for a map of systems for youth and families, and have it flow up to the Regional work.
- There is a concern that the Children's Mental Health Home is segregating youth by diagnosis and keeping the children's mental health system in a silo. The primary goals for the children's mental health system is to integrate all the systems that youth receive services in. Medicaid funding also creates a silo. The recommendations have to be clear from a holistic perspective, and to cite that we have a bigger job to do.
- There is a Department of Aging. We need a department for children only, like a Department of Growing. We cannot just focus on the diagnosis; youth are more than a diagnosis.

- Another workgroup member wondered how services will be developed in areas that are deplete of services now. Youth and families need so much, and they often cannot get any services despite asking for them.
- There are few service providers in the lower tiered counties of Iowa. There are limited resources and services for youth when they return from an out of state placement. It feels like there is a force to work with the family versus the family having multiple choices. It was mentioned that the regional structures may have a role in assuring a sufficient service array to support youth and families in their home and community. There is no great repository of services across the state—no ability to see where there are gaps or insufficient capacity.
- Medicaid cannot be the end game or sole funding source. It could be a blend of private and public funding, and grant funding.
- Another workgroup member wondered where the flexibility is to pay for a service from a non-traditional provider. There are two new elements being presented: Specialized Health Home model and regionalization across the state. More specifics about both are needed otherwise there will not be any change.
- The report will need to integrate systems and do a better job of explaining to the readers which piece is specific to a population. Workgroup member would like to see parent support services flushed out to avoid having assumptions made about the service. Workgroup member would also like to begin addressing the education issue at the beginning of the cycle when youth and families are in crisis and out of home placements are sought. When education breaks down, there is a push to find placement; there is a need to identify where the breakdown begins. There is a wealth of expertise in the community and the schools are not using it. Kappy reported that the education piece will be discussed at the next workgroup meeting on October 25, 2011. Education has been on the agenda in the past, but the workgroup has not had the time to hear the presentation.
- Another workgroup member shared that the Statewide Aftercare Support Group is putting a document together and education will be addressed in the document. There is a need for professionals to listen to the youth and to what they are saying. At this time, the Iowa DOE is deferring to individual school districts to handle matters and the individual school districts are deferring to the Iowa DOE. The workgroup needs a specific recommendation related to education. There are 363 individual school districts in Iowa with varying policies and procedures. The youth that transition frequently across school districts needs to be assured they will get the credits they need to graduate high school.

Jennifer Vermeer talked briefly about Medicaid funding and staying within the guidelines of the State Plan. IME staff is working on a tiered reimbursement system with a fee for service component. It gets very complicated, and the details about funding will have to be explored in more depth. The workgroup will not have all the answers regarding funding and this may be addressed in the long-term recommendations. Medicaid may not get us all that we want and there will be a need to identify supplemental monies. Jennifer Vermeer shared that IME is working on the State Plan to submit to CMS. She also shared that Rhode Island and Missouri are the only two states that have approved State Plans for this type of service.

Jennifer Vermeer provided an explanation of the handout entitled, “Children’s Mental Health Home-Draft Concept.” She emphasized the differences between the levels of care and connection with either a Primary Care Health Home or a Specialized Health Home, with the Specialized Health Homes having additional services/supports/competencies to address a youth with complex issues and/or dual diagnoses. Jennifer Vermeer is hopeful that this model can be adapted for other populations under HCBS waivers.

### **Revision of Recommendations from the Children’s Disability Workgroup**

A number of suggestions and modifications were made to the DRAFT document during an extended review and discussion period. Kappy reminded the workgroup members that we want the report to be succinct for the legislators. After discussing each section, Kappy asked if the workgroup had reached consensus and the workgroup members reached agreement to a “90% or above” confidence level. **Changes will be reflected in the submission to the LIC. Please refer to the REVISED document via this link: [http://www.dhs.state.ia.us/docs/Childrens Workgroup Summaryofrecommendations 10202011.pdf](http://www.dhs.state.ia.us/docs/Childrens%20Workgroup%20Summaryofrecommendations%2010202011.pdf). The document is also available on the website and will be reviewed by the Workgroup via conference call on 10/20/11.**

### **Systems of Care Walkthrough Exercise**

In response to a previous request by Workgroup members, The Central Iowa System of Care and Community Circle of Care agreed to walk the group through the approach they would take in bringing a youth home from out-of-state treatment into community-based care. Each team had several days to review a mock scenario and to describe strategies at five stages of engagement: pre-transition home, at transition, post-transition, in a crisis, and in coordination with the home school.

Both providers offered extensive detail that is not fully captured in the minutes. Here is a summary of the walkthrough exercise: An emphasis was placed on the role of the care coordinator to identify needed services and link the youth and family with local providers. The care coordinator schedules regular meetings with the youth, family, and team members to reevaluate the plan to make sure it is working for the youth and family. Team members often include school personnel, medical provider, mental health provider, family/other natural supports, service providers, faith community, etc. The system of care gives the youth and family a voice in the process, and knits together all the components needed to serve a youth and family. Youth also need to identify what they will need to be successful when they decide to forgo formal mental health services, and the care coordinator is there to provide guidance.

When meeting in person is not doable, Skype, video conferencing, and telephonic conference calls are used. In general, there have been no problems getting individuals to the meetings. There are usually 10-15 individuals at each meeting. Each care coordinator has 20-25 cases. Another key role in the system of care model is the family navigator to help the youth and family work through multi-systems, like DHS, Juvenile Court, etc.

Both organizations recognize that crisis will occur. It is important to engage the youth and family so they feel comfortable asking for additional supports if needed. Respite is an identified service that is utilized inside and outside the home, and not often paid via third party payors. Families often struggle with crises, particularly in regards to work schedules. One recommendation was to pay a parent to stay home versus going to work so a parent is readily available to respond to a crisis.

Youth who are resistant to participate in the system of care are encouraged to hear the experiences of other youth who have benefitted from system of care services. Many times the youth will then buy into the system of care.

There is an identified cost savings to keep youth in Iowa versus receiving services in an out of state placement, with the average cost per youth/family at \$2,750.00 per the Central Iowa System of Care. The Central Iowa System of Care shared that the Gateway Committee in Polk County used to focus on bringing youth back to Iowa, and how DECAT dollars were used for flexible spending.

Both organizations reported that communities and providers have embraced the system of care model. The Des Moines School district has the Success Program and a liaison that is involved in helping maintain youth in their home/school/community. The majority of the youth involved in a system of care would be at a Level 3 on the Children's Mental Health – Draft Concept handout. Level 3 is identified as follows: children with multiple diagnoses, multi-system involvement, major functional impairments, and high risk/complexity.

Scott County recently partnered with the Community Circle of Care and has contracted with 27 entities of who will participate in the Community Circle of Care. The concept has been well received in the community.

## **NEXT STEPS**

Information requested for next meeting: None

Meeting 6 Agenda:

Review meeting #5 minutes

## **MEETING SUMMARY**

- Recapped the meeting minutes from 09/27/11.
- Reviewed the DRAFT: Children's Disability Workgroup Preliminary Summary of Activities, Findings, and Recommendations, and discussed prior to making changes.
- Made changes to the DRAFT: Children's Disability Workgroup Preliminary Summary of Activities, Findings, and Recommendations and reached consensus on workgroup activities and draft recommendations.
- Reviewed and discussed the Children's Mental Health Home-Draft Concept.
- System of Care Walk-through Exercise was presented by Central Iowa System of Care and Community Circle of Care.

## **PUBLIC COMMENT**

Comment: Staff from Community Circle of Care (CCC) shared that short-term interventions developed via a family team meeting may be the only thing a family needs to move forward in developing a plan to use. Family team meetings emphasize and build on identifying family strengths and community resources for the family to use. The Systems of Care model is a grassroots effort to develop partnerships with local providers in the community the family resides. It would be a good idea to share this information with other workgroups.

Comment: Scott County recently joined with CCC to begin providing a system of care to youth and their families. During the summer, they conducted focus groups to identify the needs of the youth and families, with a focus on identifying prevention and intervention strategies. They are beginning to engage with local service providers as well as DHS, Juvenile Court, police, and AEA. They have had a good response.

In reference to the DRAFT: Children's Disability Workgroup Preliminary Summary of Activities, Findings, and Recommendations, he agreed that funding recommendation be added to the proposal.

For more information:

Handouts and meeting information for each workgroup will be made available at:  
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.